



## Homebuyer Assistance Application

The Washoe County HOME Consortium operates all housing programs in accordance with local, State, and Federal regulations. All applications will be accepted and evaluated regardless of race, color, national origin, religion, sex, family status, or disability. All data will be kept in confidence and used only for reporting general statistics to ensure compliance with federal goals.

### SECTION I: APPLICANT INFORMATION

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
LAST FIRST MI

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP

**Marital Status:** \_\_\_\_\_ **Gender:** Male Female **Disabled:** ☐ Yes ☐ No

**Employer:** \_\_\_\_\_ **Business Phone/Fax:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Length of Employment:** \_\_\_\_\_ **Type of Work:** \_\_\_\_\_

### SECTION II: CO-APPLICANT INFORMATION

**Co-Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
LAST FIRST MI

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP

**Marital Status:** \_\_\_\_\_ **Gender:** Male Female **Disabled:** ☐ Yes ☐ No

**Employer:** \_\_\_\_\_ **Business Phone/Fax:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Length of Employment:** \_\_\_\_\_ **Type of Work:** \_\_\_\_\_

**SECTION III: HOUSEHOLD INFORMATION**

List all members of the household (all individuals who will live in the home) and give the relationship of all members to the applicant. Use additional sheets if necessary.

Full Name	Relationship	Age	Gender	Hispanic (yes/no)	Race*	Student (yes/no)	Social Security #
	Self						

\* Categories for race are White, Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, and may be more than one.

Are you expecting any changes to the household composition in the next 6 months? Yes ☐ No ☐  
What? \_\_\_\_\_

Are any household members NOT U.S. citizens? Yes ☐ No ☐ Who? \_\_\_\_\_

Must include alien numbers and copies of residency cards for all legal residents who are not citizens.

Are any members of your household disabled? Yes ☐ No ☐ Who? \_\_\_\_\_

Are any members of your household full-time students? Yes ☐ No ☐ Who? \_\_\_\_\_

**SECTION IV: INCOME INFORMATION**

Income and assets for all household members 18 years of age or older must be reported. Please provide the amount of income received and how often it is received. Documentation of all income and assets must be provided in the appropriate form, e.g. pay stubs for last 30 days, award letters, financial statements, divorce decrees, etc.

Source of Income	Employment			
	Applicant	Co-Applicant	Other over 18	Other over 18
Employer Name				
Wages				
Overtime				
Tips, Bonuses, Commissions, etc.				
Social Security, Pensions, VA, Disability, etc.				
Workers Comp, Unemployment				
Public Assistance				
Child Support, Alimony				
Other				

**Assets\***

Source	Institution	Account	Balance	Owner(s)
Checking				
Savings				
Investments & Retirement Accounts				
Other				

\*If more than one household member holds assets of the same type, which are not joint accounts, use an additional sheet to provide the appropriate information.

**Does any household member own real estate?** ☐ Yes ☐ No **Describe:** \_\_\_\_\_

SECTION V: ADDITIONAL REQUIREMENTS
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**Are you a first-time homebuyer?** ☐ Yes ☐ No

**Have you or can you pre-qualify for a fixed-rate mortgage?** ☐ Yes ☐ No

**Do you understand that you will be required to have personal funds available for your down payment?** ☐ Yes ☐ No      **Do you have these funds?** ☐ Yes ☐ No

**Have you completed the required Homebuyer Class within the past 6 months? Please provide proof (certificate/letter of completion, date)** ☐ Yes ☐ No

**What WCHC program are you applying for?** ☐ NSP ☐ HOME ☐ Either

SECTION VI: DOCUMENTS
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For all adult household members copies of each of the following items must be included, if applicable:

- State or federally issued identification
- Pay stubs for past 30 days
- Most recent benefit award letters for social security, public assistance, pensions, etc.
- Most recent statement for all asset/bank accounts
- Last two years' federal tax-return
- Court orders regarding the award or suspension of child support
- Alien registration cards

The following original documents must also be completed, signed, and included with the application:

- *Employment Verification* form
- *Asset Verification* form
- *Application Addendum* form
- *Authorization to Release Information* form
- *Certification of Legal Residency* form

If any adult household members are students, self-employed, earn tips, or are not employed, also include:

- *Self-Employment Affidavit*
- *Non-Employed Affidavit*

SECTION VII: HOUSEHOLD CERTIFICATION & SIGNATURES
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I/We understand that the program we are applying for is to assist income-qualified households become first-time homeowners. The information on this form will be used to determine income eligibility for the homebuyer program. I/we have provided accurate information regarding current or anticipated annual income. I/we agree to notify the developer/WCHC immediately if there is any change of household composition or employment. I/we also understand that if the process of purchasing a home is not complete but still anticipated six months after the initial determination of eligibility under Federal guidelines our eligibility must be reevaluated.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in ineligibility for this program.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_